Leadership and Governance

This involves ensuring that strategic legal and policy frameworks such as the County Integrated Development Plans (CIDP) and the County Health Sector Strategic and Investment Plan (CHSSIP) exist, and are operationalized through effective coordination and oversight, regulation, advocacy, strategic planning and functioning structures (such as M&E units) at the county level to achieve effective and efficient management.

FINDINGS

- No CHFSP exists and no M&E plan has been developed enough to suit county needs.

- No M&E Plan is available; M&E plan must be developed to suit county needs.

- Significant Leadership support towards M&E activities through, budgetary allocation still exist but not at SCHSSIP level even on M&E council.

- M&E functions are not well distributed at all levels though not have been implemented.

The Health Department has invested in strengthening leadership and Governance for M&E through existence of:


- Comprehensive County Health Sector Strategic Plan (CHSSIP) 2013-2017.

- Approved MLA Plan 2013-2016.

- Approved and current AVP for financial year 2015/2016.

- Sponsorship by the leadership for strengthening M&E functions.

KEY AREAS NOTED FOR IMPROVEMENT

- Need to increase participation in the development of the CIDP process by the department of health.

- Need for M&E activities to be clearly defined to improve implementation.

- Increase revenue for the strategic plan (CHSSIP) and AVP to enable the alignment, adoption and adapting corrective measures.

- Disaggregate the M&E plan, CHSSIP and other guidelines at all level and support their implementation.

- Enhance key unit capacity or ensure MLA unit to undertake the M&E functions.

- Increase the budgetary allocation for M&E and enhance the leadership capacity on M&E.

- Need to develop a county health training plan and training database to track training and other capacity building efforts.

- Need for strengthened budget making abilities.

- Need for strengthened leadership to ensure staff accountability for M&E deliverables.

- Strengthen the rand of the planning to track longer term progress.

- To develop staffing plan which will include the staff in the MLA unit.

Information Management

Information management involves ensuring that the HIS structures are in place to manage information. The seven priority HIS systems in Kenya include the Demographic Health and Information System (DHIS), electronic medical records (EMR), the child protection information management systems (CPIMS), civil registration and vital statistics system (CRVS), the logistics management information system (LMIS), the community health information system (CHIS) and the community based program activity reporting system (CBPAP). This domain includes the procedures and guidelines in place for collecting, managing and disseminating quality data. Furthermore, this domain assesses the systems’ distribution of data, access to completeness and the ease to which the guidelines for their use are followed.

FINDINGS

- There are significant strides by the County in investing in data standards with data management SOPs in the MLA plan.

- Supports supervision has been institutionalized.

- There are guidelines that support routine monitoring at all levels.

- There is a lack of DQA protocol at county and sub county level and irregular integrated DQA and program specific DQA.

- DHISs and DPs are not interoperable and there exists no central repository and database for outcome measurement.

- There is a lack of an evaluation agenda and set standards that guide implementation of evaluation activities within the county.

Coordination and Networking

Coordination and networking consists of the various mechanisms used to meet and communicate with stakeholders to review progress at county level, integrated available data through data review and data use forums, and engage county health departments and government stakeholders to utilize available data for better decision-making.

FINDINGS

The findings revealed that:

- The MLA TVG is functioning but lacks a comprehensive terms of reference.

- Information products are produced though not disseminated to all levels.

- County undertaking stakeholder coordination with limited funding at various levels though its documented coordination structure is lacking.

- MLA units are not fully integrated in program areas without integrated standards for information retrieval.

- An inventory for stakeholders is lacking.

KEY AREAS OF IMPROVEMENT

- Need to electronically capture and disseminate the information products produced to wider stakeholders.

- Initiate multi forums for inter and intra counties meetings and conferences to enhance learning.

- Establish a formal counties stakeholders’ coordination structure and communications.

- Formulate and disseminate counties guidelines for engaging and coordinating with partners at the county level and MLA system.

Tools

A mixed method approach was utilized in this assessment as follows:

1. Pre-assessment: desk review of key documents.

2. During assessment: County and Sub-County Department of Health staff undertook a self-assessment involving key informant interviews, individual and group assessment in a workshop setting.


FINDINGS

- There is a training unit with no training database to capture trainings undertaken is in response to inadequate training.

- Staff do not use M&E databases in their day-to-day work.

- The planning in place for a training plan which addresses the M&E skills uneven.

- The county relies mostly on external partners for technical support on MLA has inadequate ICT and database support at county level and most data management staff in facility level are hired by partners.

- No MLA unit at the department.

KEY AREAS NOTED FOR IMPROVEMENT

- Need to establish county health department MLA unit to oversee MLA functions.

- Need to develop a county health training plan and training database to track training and other capacity building efforts.

- Need for strengthened budget making abilities.

- Need for strengthened leadership to ensure staff accountability for MLA deliverables.

- Strengthen the rand of the planning to track longer term progress.

- To develop staffing plan which will include the staff in the MLA unit.

Data Demand and Use

The data are not encompassed policies, procedures, strategies, programs and interventions that support the use of data and decision-making.

FINDINGS

- On data demand and use, the assessment findings revealed that the County department of health values information for decision-making.

- MLA units are evidenced to:

- Need to understand the national and strategic guidelines on use of outcome indicators and data.

- Need to disseminate all the national guidelines and disseminate through institutional and organizational means.

- Need to understand the national guidelines on evaluation and dissemination of indicators.

- Need in place a structure for a collaborative approach to data synthesis and analysis.

- Need a guiding framework for decision making.

KEY AREAS NOTED FOR IMPROVEMENT

- Need to develop and disseminate the information products produced to wider stakeholders.

- Initiate multi forums for inter and intra counties meetings and conferences to enhance learning.

- Establish a formal counties stakeholders’ coordination structure and communications.

- Formulate and disseminate counties guidelines for engaging and coordinating with partners at the county level.

- Need to develop a county level MLA system.

Tupime Kaunti Project

The Tupime Kaunti Project is a five-year USAID-funded project whose goal is to contribute to the national health sector M&E Framework’s goal of one functional, sector-wide monitoring and evaluation system for improved decision-making, transparency, and accountability in health.